

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15853

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY OR TOWN Cameron		c. CITY OR TOWN Hemple	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		e. STREET ADDRESS (If rural, give location) Lafayette Township	
3. NAME OF DECEASED (Type or Print) a. (First) Anna Dorothy Fortner b. (Middle) Anna Dorothy Fortner c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1956	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/8/1909	
9. AGE (In years last birthday) 47		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Benjamin Sherwood		13b. MOTHER'S MAIDEN NAME Nellie Ann Barnes	
14. NAME OF HUSBAND OR WIFE Watson W. Fortner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Watson W. Fortner		ADDRESS Hemple, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Meribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia 4 days DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Status As Hematurus 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March, 1955 , to May 18, 1956 , that I last saw the deceased alive on May 18, 1956 , and that death occurred at 8:00 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE E. J. Diney, DO		23b. ADDRESS Stewart's Lake, Mo	
23c. DATE SIGNED 5-20-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-21-1956	
24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gower, Missouri	
DATE REC'D BY LOCAL REG. 5-24-56		REGISTRAR'S SIGNATURE Winifred W. Moser	
25. FUNERAL DIRECTOR'S SIGNATURE Rollins - Nash		ADDRESS Edgerton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. LeRoy Moore*.....

Licensed Embalmer No. *47*.....

P. O. Address *509*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.